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Bib Data Sheet

CONFIRMATION NO. 8349

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/840,152	05/05/2004	137	3753	
	RULE			

APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/156,192 05/28/2002 ABN
 and is a CON of 10/074,966 02/13/2002 ABN
 and is a CON of 09/850,927 05/08/2001 ABN
 and is a CON of 09/376,957 08/18/1999 ABN
 and is a CON of 10/742,485 12/19/2003
 which is a CON of 10/190,993 07/08/2002 ABN
 and is a CON of 09/850,927 05/08/2001 ABN
 This application 10/840,152
 is a CON of 10/195,668 07/15/2002 ABN
 which is a CON of 10/073,914 02/14/2002 ABN
 and is a CON of 10/190,993 07/08/2002 ABN
 and is a CON of 10/156,192 05/28/2002 ABN
 which is a CON of 10/074,966 02/13/2002 ABN
 and is a CON of 09/850,927 05/08/2001 ABN
 which claims benefit of 60/231,514 09/09/2000
 and claims benefit of 60/226,750 08/21/2000
 and claims benefit of 60/220,358 07/24/2000
 and claims benefit of 60/217,308 07/11/2000
 and is a CON of 09/518,884 03/06/2000 ABN
 which claims benefit of 60/123,153 03/06/1999
 and claims benefit of 60/123,207 03/08/1999
 and claims benefit of 60/123,504 03/09/1999
 and is a CON of 09/376,957 08/18/1999 ABN
 which claims benefit of 60/123,207 03/08/1999
 and claims benefit of 60/123,153 03/06/1999
 and claims benefit of 60/123,207 03/08/1999
 and claims benefit of 60/123,504 03/09/1999
 and is a CON of 08/950,898 10/15/1997 PAT 5,941,273

** FOREIGN APPLICATIONS *****

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** 07/12/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	21	1	1
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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Chicago ,IL 60646

TITLE

Globose conduit domain

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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